

Entered - 04/02/01 - sb
CL01L0206 - DIANNE C. MITCHELL

01- R-0863

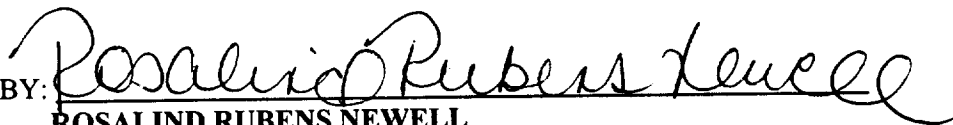
CLAIM OF: **STATE FARM INSURANCE COMPANIES AS
SUBROGEE OF STEVEN BLACKMON
P. O. Box 370568
Decatur, Georgia 30037-0566**

For damages alleged to have been sustained as a result of a vehicular accident on December 27, 2000 at 1125 Cascade Circle, SW.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE COMPANIES AS SUBROGEE OF STEVEN BLACKMON** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on December 27, 2000 at 1125 Cascade Circle, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0206

Date: May 31, 2001

Claimant/Victim STATE FARM INSURANCE COMPANIES AS SUBROGEE OF STEVEN BLACKMON

BY: (Atty)(Ins. Co.) _____

Address: P. O. Box 370568, Decatur, Georgia 30037-6400

Subrogation: X Claim for Property damage \$ 2,091.00 Bodily Injury \$ _____

Date of Notice: 03/07/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 12/27/00 Place: 1125 Cascade Circle, SW

Department Police Division: _____

Employee involved Candice D. Sartor Disciplinary Action: Pending

NATURE OF CLAIM: The driver of the City vehicle struck the claimant's parked vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

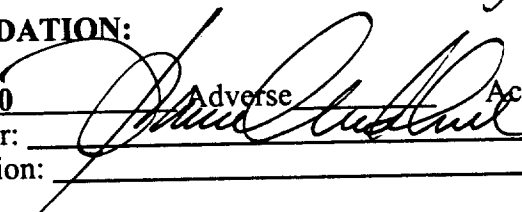
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-01-01

Committee Action: _____ Council Action _____

State Farm Insurance Companies



MT Mitchell
03/27/01

February 26, 2001

MAR 7 2001

State Farm Insurance Claim Office
5301 Snapfinger Park Drive
Post Office Box 370568
Decatur, Georgia 30037-0568

Phone: (770) 593-6400

Atlanta City Counsel/ Municipal Clerk
ATTN: DIANE MITCHELL
55 Trinity Ave, SW
Atlanta, GA 30335

01-07-01
ENTERED - 4-2-01 - SB
01L0206 - DIANNE MITCHELL

RE: Our Claim Number: 11-3577-283
Our Insured: Steven Blackmon
Date of Loss: December 27, 2000
Total Amount of Loss: \$2091.00
Our Payment: \$1841.00
Insured's Payment: \$250.00
Your File Number:
Your Policy Number:
Your Insured:

City Of Atlanta Police
55 Trinity Ave SW
Atlanta, GA. 30335
Driver of Your Vehicle: Candice Sartor

SUBROGATION CLAIM

We have been informed that you are the insurance carrier for the party designated as your insured in the caption of this letter.

Our investigation establishes that your insured was responsible for the damage to our policyholder's vehicle as a result of the accident on the date indicated.

Please accept this letter as a notice of our subrogation rights and communicate with us in regard to your position in the matter.

Sincerely,

Marjorie R. Smith
Marjorie R. Smith
Claim Expediter
(770) 593-6558

State Farm Mutual Automobile Insurance Company

01- -0863